

<input type="checkbox"/> SUMMONS FOR DEFENDANT	<input checked="" type="checkbox"/> SUMMONS FOR WITNESS	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department
SESSION: <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> MAGISTRATE HEARING		NAME AND ADDRESS OF COURT DIVISION	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT		Somerville District Court 175 Fellsway Somerville, MA 02145	YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
Commonwealth vs. [REDACTED]		DATE AND TIME OF APPEARANCE	
Lab No. [REDACTED]		December 15, 2009 at 9:00 AM	
NAME, ADDRESS AND ZIP CODE OF WITNESS		OFFENSE(S) Possession of Cocaine with Intent to Distribute; School Zone Violation; Operating After Suspension, Subsequent Offense	
Kate Corbett Department of Public Health State Laboratory Institute 305 South Street Boston, MA 02130			

TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH

You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

To the above named Defendant Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

To answer to a criminal complaint charging with the offenses listed above.
 To give evidence and testify on the behalf of the Commonwealth Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:

If you have any questions, please call Assistant District Attorney Jennifer Handel at 781-897-8778.

DATE OF ISSUE

DISTRICT ATTORNEY

November 23, 2009

Gerard T. Leone, Jr.

RETURN OF SERVICE

I hereby certify that I served the within summons upon the above named Defendant Witness by

Delivering a copy of it personally to the defendant or witness.
 Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.
 Mailing a copy of it to the last known address of the defendant or witness.
 I received the summons on _____ but was unable to make service because: -

DATE RECEIVED

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE

WARNING TO DEFENDANT OR WITNESS:

**Failure To Appear In Accordance With This Summons May Result In The Issuance Of A Warrant For Your Arrest.
Please Bring This Document With You To Court.**

Atencion;

Esta Es Una Notificaci6n Oficial De La Corte. Si Usted No Sabe Leer Ing6s, Obtenga Traducci6n!

Original Copy Duplicate Copy